

DEC 22 1941

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 4109

1. PLACE OF DEATH:

- (a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: General Hospital #2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 10-10-41-10-12-41  
(Specify whether years, months or days) 38 years

In this community

3. (a) PRINT FULL NAME JOHN TYLER

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race Negro

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Unknown

6. (c) Age of husband or wife if alive years

7. Birth date of deceased March 29 1886  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
75 6 18 hr. min.

9. Birthplace Tennessee  
(City, town, or county) (State or foreign country)

10. Usual occupation Unemployed

11. Industry or business

12. Name Deceased  
13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk  
(b) Address General Hospital #2

17. (a) Burial (b) Date thereof 10/6/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blue Ridge Haven

18. (a) Signature of funeral director E. B. Moore

(b) Address 1820 E. 18th St.

19. (a) 11-4-41 (b) N. M. Crow  
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1712 Agnes  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 17  
year 1941 hour 10 minute 45 p. M.

21. I hereby certify that I attended the deceased from Oct. 10 1941 to Oct. 17 1941  
that I last saw him alive on October 17 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Coronary Artery Disease  
Nephritis

Due to Coronary Artery Disease  
Due to Chronic Coronary Artery Disease

Other conditions 13/10  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) Means of injury

23. Signature E. B. Moore (M. D. seal)  
Address Gen. Hq. #2 - 600 E. 22nd Date signed 10-20-41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by *me*

*ARB Moore*, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed

*ARB Moore*

Licensed Embalmer No. *2440*

P. O. Address *1820 E 18th St*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**

## MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

State of Illinois }  
 County of Cook } ss.

State File No. ....

## AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 4109

On this 15th day of November, 1941, before me appears  
Leon Clendelion, who, upon his oath, states that the original record of ~~birth~~ death  
 for James Tyler died ~~xxx~~ October 17, 1941 in the State of  
 Missouri, and which was filed at Kansas City on Nov. 4, 1941, should be corrected as follows:

Item No. 8 should read James John TylerInstead of John TylerItem No. 7 should read James TylerInstead of James John TylerItem No. 3 should read James TylerInstead of John TylerItem No. 3 should read James TylerInstead of James John Tyler

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Leon Clendelion Stenson

Relationship.

5210 Prairie AvenueChicago, Illinois. Present Address.Subscribed and sworn to before me this 15th day of November, 1941April 19th, 1943

My Commission expires .....

George W. Lawrence  
 Notary Public.

S-37315